

<i>SERFF Tracking Number:</i>	<i>NYLX-125264479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>36694</i>
<i>Company Tracking Number:</i>	<i>LTCAR0021501F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0021501F01</i>		

## Filing at a Glance

Company: New York Life Insurance Company

Product Name: ILTC-5000 Select Premier

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: NYLX-125264479 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 36694

Co Tr Num: LTCAR0021501F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Harris Shearer

Author: SPI NewYorkLifeInsCoLTC

Disposition Date: 07/17/2008

Date Submitted: 08/16/2007

Disposition Status: Approved-Closed

Implementation Date Requested: 09/28/2007

Implementation Date:

State Filing Description:

## General Information

Project Name: ILTC-5000 Select Premier

Project Number: LTCAR0021501F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/17/2008

State Status Changed: 07/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The above referenced forms are being filed as a benefit enhancement in your state for use with our Long Term Care Policy series ILTC-5000, et al.

These forms will be available with the following previously approved policy forms:

Coverage Type Form Number Date Approved / Sate File ID #

Long-Term Care Insurance Policy ILTC-5000 (AR) (1001) 08/13/2002 / NONE

SERFF Tracking Number: NYLX-125264479 State: Arkansas  
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Company Tracking Number: LTCAR0021501F01  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: ILTC-5000 Select Premier  
Project Name/Number: ILTC-5000 Select Premier/LTCAR0021501F01

### Nursing Home and Assisted Care

Living Facility Insurance Policy INH-5000 (AR) (1001) 08/13/2002 / NONE

Policies are not being revised at this time.

At this time we are filing the above-mentioned forms. There are no rate changes or revisions as a result of these modifications.

Form ALTC-5042 (0707) - Right to Reduce Benefits and Lower Premiums is an endorsement that provides the insured with the ability to reduce benefits and lower premiums. This endorsement will be attached to and issued with every policy following approval by the state.

Form ALTC-5902 (0707) - Things Your Should Know Before You Buy Long-Term Care Insurance is a notice type form that is included in all application kits. This form is being modified only to add facility language included in the NAIC Model regulations dated 2006. I hereby certify that no other changes have been made to this form. This form will be used to accommodate both Individual and Multi-Life Application Packets.

Bracketing has been included to show variability for the Company address, as well as the page number on the form titled Things You Should Know Before You Buy Long-Term Care Insurance to accommodate the addition, deletion or re-ordering of pages in the application kit.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-723-5555, ext 5584. A postage paid envelope is supplied for the convenience of your reply. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com  
Associate  
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]

SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
Company Tracking Number:	LTCAR0021501F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

Austin, TX 78730-5006 (512) 703-5564[FAX]

**Filing Company Information**

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	
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SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
Company Tracking Number:	LTCAR0021501F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990358422	\$20.00	08/16/2007

SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
Company Tracking Number:	LTCAR0021501F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
This filing	Note To Reviewer	SPI NewYorkLifeInsC oLTC	09/10/2007	09/10/2007

<i>SERFF Tracking Number:</i>	<i>NYLX-125264479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>36694</i>
<i>Company Tracking Number:</i>	<i>LTCAR0021501F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0021501F01</i>		

## Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
Company Tracking Number:	LTCAR0021501F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Certification/Notice	Approved-Closed	Yes
Form	Right to Reduce Benefits and Lower Premiums	Approved-Closed	Yes

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<i>Company Tracking Number:</i>	<i>LTCAR0021501F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0021501F01</i>		

**Note To Reviewer**

**Created By:**

SPI NewYorkLifeInsCoLTC on 09/10/2007 09:40 AM

**Subject:**

This filing

**Comments:**

We sent in the filing fee on 08-16-07 under UPS 2 Day Air, so it should have reached you by now. Is there a way to check on this. The UPS Tracking nubmer is 1Z Y24 55X 02 9047 7503



SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
Company Tracking Number:	LTCAR0021501F01		
TOI:	LTC031 Individual Long Term Care	Sub-TOI:	LTC031.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

## Form Schedule

**Lead Form Number:** ALTC-5042 (0707)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ALTC-5042 (0707)	Other	Right to Reduce Benefits and Lower Premiums	Initial		48	ALTC-5042 (0707).PDF



The Company You Keep®

**LONG-TERM CARE INSURANCE  
POLICY ENDORSEMENT  
RIGHT TO REDUCE BENEFITS  
AND LOWER PREMIUMS**

**NEW YORK LIFE INSURANCE COMPANY**

New York Life, Long-Term Care, [6200 Bridge Point Parkway, Suite 400] [Austin, Texas 78730-5006]

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**Policy Endorsement – Right to Reduce Benefits and Lower Premiums**

**Insured:** [John Q. Doe]

**Issue Age:** [55]

**Policy Number:** [1234567]

**Policy Effective Date:** [July 2, 2007]

**Endorsement**

**Effective Date:** [July 2, 2007]

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This Endorsement attaches to and becomes part of the Policy indicated by the Policy Number above. **Please read this Endorsement carefully.** If this Endorsement is being issued with the Policy, it is attached to the Policy. If this Endorsement is being added after the Policy Effective Date, then this Endorsement should be attached to the Policy. There is no premium for this endorsement and future premiums for the Policy remain payable under the terms of the Policy.

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The following provision is added to the Policy:

**Reduce Benefits and  
Lower Premiums**

Upon written request to Us, You have the right to reduce Your premiums by electing one or more of the following:

- Reducing the *Policy Lifetime Maximum Benefit*;
- Reducing the *Nursing Home Maximum Daily Benefit*;
- Reducing the *Home and Community-Based Care Maximum Daily Benefit*.

The written request must be given to Us at [New York Life Insurance Company,] [Long-Term Care,] [P.O. Box 559005, Austin, Texas 78755-9005.] The notice must include at a minimum Your name, Policy Number, the benefit You are requesting to reduce and the reduced amount of the benefit.

We may limit any reduction in coverage to plans and options available at the time you elect to reduce benefits. The premium payments for the reduced benefits will be based on the reduced amount of coverage and the age used to determine the premiums for coverage in force at the time you elect to reduce benefits.

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**SIGNED FOR NEW YORK LIFE INSURANCE COMPANY:**

President

Secretary

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Countersignature (Where required by law)

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<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0021501F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125264479	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	36694
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Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0021501F01		

## Supporting Document Schedules

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	07/17/2008
<b>Bypass Reason:</b>	Not Required			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	07/17/2008
<b>Bypass Reason:</b>	Not Required			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	07/17/2008
<b>Comments:</b>				
<b>Attachment:</b>	Readability Certification.PDF			

## READABILITY CERTIFICATION

COMPANY NAME New York Life Insurance Co., NAIC # 66915, hereby certifies that the following form(s) comply with the minimum reading ease score requirements of Arkansas Statute 23-80-206 and achieved a Flesch reading ease test score of:

# FORM NUMBER

## FLESCH SCORE

ALTC-5042 (0707)

48.3

The forms with a readability score of 40.0 were scored with the policy form with which they will be used to achieve the readability score of 40.0.

Any scores reflecting a lower than minimum score requirement should be considered for approval in accordance to Section 23-80-207.

Michael Francescone

Signature of Company Officer

**Michael Francescone / VP and Actuary**

Typed Name and Title

August 9, 2007

Date \_\_\_\_\_